

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09-547,273

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7	1						57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12	1						62					
13		1					63					
14		1					64					
15		1					65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20							70					
21							71					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	<u>121</u>											
TOTAL DEP.	<u>71</u>											
TOTAL CLAIMS	19											